Oral Health Disparities as a Social Justice Issue: The Why and How of Partnering to Tackle Them

November 2016
The Campaign for Dental Health is a national network of 150 organizations. With the tagline “Life is better with teeth” the Campaign and website, Ilikemyteeth.org, were formed in 2011 to:

- Provide a national entity to promote and defend community water fluoridation
- Engage advocates & activate them to build a broader community of allies
- Add to and elevate the presence of pro-fluoridation resources on the internet
- Broaden the sphere of influence of pro-fluoridation messaging
Today’s Speakers

• **Sinski Hernández-Cancio**
  Sinski Hernández-Cancio is the Director of Health Equity at Families USA, where she leads the organization’s efforts to advance health equity and reduce healthcare disparities across all of its issue areas. She is continuing the organization’s work to help build a thriving and vocal health equity movement that will protect the gains of the Affordable Care Act while ensuring maximum equity in its implementation.

  Born in Rio Piedras, Puerto Rico, Ms Hernández-Cancio earned an AB from Princeton University's Woodrow Wilson School of Public and International Affairs and a JD from New York University School of Law, where she was a Hays Civil Rights and Civil Liberties Fellow.

• **Stella Kim**
  Stella Kim is the Senior Manager of Community Advocacy at the California Pan-Ethnic Health Network (CPEHN), a state-wide policy organization advocating for health equity. Stella is a graduate of UC Berkeley and holds a Master of Public Policy degree from the UCLA Luskin School of Public Affairs.
Grounding Oral Health Advocacy In a Health Equity Frame

Presented by Sinsi Hernández-Cancio
Health Equity Director
Health Equity Frame

Equality doesn’t mean Equity
What is Health Equity?

- Achieving highest level of health for ALL
- Must value everyone equally
- Focus on societal efforts
  - fix avoidable inequalities
  - Address historical and contemporary injustices
  - Eliminate health and health care disparities

(Source: Healthy People 2020)
Disparities and Social Determinants

Health Disparities
Differences in the burden of illness, injury, disability, or mortality experienced by one group relative to another

Health Care Disparities
Differences in the availability, access to, and quality of health care services

Social Determinants of Health
The structural conditions in which people are born, grow, live, work, play, pray and age that influence health risk and outcomes
Racial and Ethnic Health Disparities Persist

• Increased burden of serious and chronic disease

• Higher rates of having certain conditions

• Worse outcomes from those conditions

• Less Likely to have insurance
African American Health Disparities

Diabetes
- 60% more likely to have condition
- 2.4 x more likely to have ESRD
- 2 x more likely to suffer amputation
- 2.2 x higher mortality

Childhood Asthma
- 2x as likely to have condition
- 3x higher mortality
Latino Health Disparities

**Diabetes**
- 65% more likely to have condition
- 55% more likely to get End Stage Renal Disease
- 45% higher mortality

**Cervical Cancer**
- 45% more likely to have condition
- 40% higher mortality
Oral Health Disparities

Cavities in Primary Teeth: Children 2-8 years

Source: CDC
Oral Health Disparities

Cavities in Permanent Teeth: Children 2-8 years

Source: CDC
Disparities and Social Determinants

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### Discrimination
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- Transportation
- Safety
- Parks
- Playgrounds

### Bias
- Water

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The ongoing American practice of systemic racism has resulted in enormous racial and ethnic health disparities.

Social Determinants: Resources, Race & Place

Racial Residential Segregation

Concentration of poverty & health risk

Maldistribution of health and health care assets & resources

Vast differences in health outcomes by zip code (and race)
How Race & Place Matter

RWJF Commission to Build a Healthier America

WASHINGTON, D.C. METRO AREA

MONTGOMERY COUNTY

FAIRFAX COUNTY

PRINCE GEORGE’S COUNTY

DISTRICT OF COLUMBIA

ARLINGTON COUNTY

84 YEARS

83 YEARS

77 YEARS

78 YEARS

*Life expectancy at birth by county

© 2013 Robert Wood Johnson Foundation
How Race & Place Matter
Range of Intervention Points

- Poverty
- Housing
- Insecurity/Quality
- Food insecurity
- Environmental Hazards
- Risk of Violence

- Provider Shortages
- Inadequate Networks
- Transportation
- Limited Hours
- Fragmented Care Systems

- Lower quality/standard of care
- Limited Evidence Base
- Literacy
- Language Access
- Bias
Social Justice

“Of all the forms of inequality, injustice in health is the most shocking and inhuman.”

--Rev. Dr. Martin Luther King, Jr.
The Great Tipping Point of 2011

Majority of babies born were “minority”
Building Health Equity Partnerships

- Start with humility
- Do your homework
- Identify local leaders & networks
- Meet people where they are
- Take time and effort to educate each other
- Respect communities’ self determination & leadership
- Mutual support—not quid pro quo
- Understand communities’ hierarchy of needs
Stop! Collaborate and listen...
Building a Multicultural Movement for Oral Health Equity

Stella Kim
Senior Manager of Community Advocacy
California Pan-Ethnic Health Network
“It's the action, not the fruit of the action, that's important. You have to do the right thing. It may not be in your power, may not be in your time, that there'll be any fruit. But that doesn't mean you stop doing the right thing. You may never know what results come from your action. But if you do nothing, there will be no result.”
Overview

• About the California Pan-Ethnic Health Network (CPEHN)

• Oral Health Equity Project (OHEP)
  • CPEHN’s Partnership Model
  • Messaging Oral Health Equity
  • Lessons Learned

• Conclusion/ Questions
What is your vision for oral health equity?
Intersectionality
Kimberlé Crenshaw

People of color within LGBTQ movements; girls of color in the fight against the school-to-prison pipeline; women within immigration movements; trans women within feminist movements; and people with disabilities fighting police abuse — all face vulnerabilities that reflect the intersections of racism, sexism, class oppression, transphobia, able-ism and more.

Intersectionality alone cannot bring invisible bodies into view. Mere words won’t change the way that some people — the less-visible members of political constituencies — must continue to wait for leaders, decision-makers and others to see their struggles. In the context of addressing the racial disparities that still plague our nation, activists and stakeholders must raise awareness about the intersectional dimensions of racial injustice that must be addressed to enhance the lives of all youths of color.

CPEHN: Together We’re Stronger
CPEHN’s Core Strategies

Policy and Advocacy

Community Convening and Mobilization

Data and Research
CPEHN’s Policy Wins

2012
AB 441 (Monning) - Requires the state guidance on Regional Transportation Plans to include local projects that promote health.

2013
AB 422 (Nazarian) - Permits schools to include information about the Medi-Cal expansion and Covered California in school packets.
SB 353 (Lieu): Requires health plans and insurers that market in certain non-English languages to provide basic information in those languages.
SB 488 (Hueso) - Provides authority to local code enforcement officers to cite landlords for pest infestations.

2014
AB 505 (Nazarian) - Codifies thresholds for translated written documents for Medi-Cal managed care plans.
AB 2102 (Ting) - Requires certain Boards regulating health care professionals to collect demographic data.
SB 912 (Mitchell) - Eliminates the sunset on nutritional standards for food and beverages sold in vending machines on state property

2015
AB 389 (Chau) - Updating Hospital Language Assistance Policies by requiring them to be posted online.
SB 388 (Mitchell) – Translating the Summary of Benefits of Coverage and requiring them to be translated according to CA thresholds.
SB 137 (Hernandez) – Improving Provider Directories by ensuring accurate, updated information is included such as non-English languages spoken by providers and staff.
CPEHN’s Community Partnerships/ Coalitions

California Reducing Disparities Project

Having Our Say

Boys and Men of Color Alliance

Health4All Lobby Team

Oral Health 2020 Network
CPEHN’s Vision for Achieving Health Equity

• All Californians will have equal access to affordable health care

• Cultural and linguistic competency will be integrated into quality care

• Social and environmental conditions will promote the health of communities of color

• All health institutions and agencies will address disparities in access, utilization, and outcomes among racial, ethnic, and language groups
What does health look like?

California Pan-Ethnic Health Network
Oral Health Equity Project (OHEP)

- Funded by the Dentaquest Foundation and California Wellness Foundation

- CPEHN is one of six Grassroots grantees in California as a part of the Oral Health 2020 Campaign

- Part of CPEHN’s efforts to expand the scope of equity to whole-person care and the entire body

- Historically underserved and overlooked critical health issue
Taking a Bite Out of Oral Health Inequities

In addition to educating our communities about the importance of oral health and how to access to services, we must focus on systemic changes including improving access to culturally and linguistically competent oral health care and addressing the social and environmental factors that impact oral health.
Oral Health Year 1: Landscape Assessment

In order to develop a *statewide, multicultural* assessment of oral health issues affecting *communities of color*, CPEHN engaged Core Partners in an initial landscape assessment.

- Core Partner Network
  - Community Discussions
  - Key-Informant Interviews
CPEHN OHEP Partnership Model

Core Group
- Grassroots Grantee Cohort

Planning Team
- CPEHN
- Make Decisions

Working Groups
- Provide Input

Focus Groups/Surveys
- Core Partners

Communication and Outreach
- Community Members
- Are informed
OHEP Core Partners

- Korean Resource Center (LA)
- Black Women for Wellness (LA)
- Roots Community Health Center (Bay)
- Sacramento Native American Health Center (Sac)
- Asian Health Services (Bay)
- Nile Sisters Development Initiative (San Diego)
- Latino Health Access (OC)
- Inland Empire Immigrant Youth Coalition (IE)
- CBDIO (Central Valley)
Landscape Assessment Findings

• **Access to Care**
  • High costs
  • Lack of comprehensive coverage
  • Lack of Accessibility
  • Lack of funding for clinics

• **Cultural Linguistic Gap**
  • Lack of diversity in providers
  • Use of alternative medicine
  • Need for culturally appropriate patient education and linguistic services

• **Integration**
  • Prioritizing treatment instead of prevention
  • Impact of substance and drug abuse
  • Effects of high sugar intake
Taking a Bite Out of Oral Health Inequities: Strategies and Solutions for Communities of Color

- Los Angeles
- San Diego
- Fresno
- Oakland
- Sacramento
- Inland Empire
Developing Partnerships

- Leverage personal/ historic/ institutional relationships
- Consistent Partnership Investments
  - Providing technical assistance
  - One-on-one relationship building
  - Capacity building
- Collaborative learning and decision-making
  - Safe Space for feedback
- Not a one time thing! Build to last.
Messaging Oral Health Equity

• Acknowledge personal/organizational privilege

• Make a clear connection to your partner’s values or mission.

• Connect oral health to the entire body.

• Focus on the equity movement.
Lessons Learned

• Cultural and community competency

• Intersectionality

• Flexibility

• Partner strengths
Vision for Oral Health Equity!

• **Challenge 1** – Identify a potential partner, friend, or community member you would like to share your vision for oral health equity with.

• **Challenge 2** - Talk that person about gender/race/class/power/privilege in the next 7 days.
Questions?

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ADDITIONAL INFORMATION

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